

ND20000003253

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

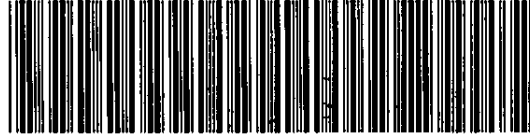
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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700285286627
05/26/16--01025--028 **262.50

2016 JUN 29 PM 2:59
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

Att Dis/CC
w/notice

JUN 29 2016

I ALBRITTON

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: the CITRUS SQUARE RESIDENT ASSOCIATION INCorporated

DOCUMENT NUMBER: N02000003253

The enclosed **Articles of Dissolution** and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Vivian Bryant, Esq. President/CEO

(Name of Contact Person)

Orlando Housing Authority

(Firm/Company)

390 N. Bumby Ave.

(Address)

Orlando , Florida 32803

(City/State and Zip Code)

For further information concerning this matter, please call:

Vivian Bryant, Esq. President/CEO

(Name of Contact Person)

at 407

(Area Code)

895-3300

(Daytime Telephone Number)

Enclosed is a check for the following amount:

- ☐ \$35 Filing Fee ☐ \$43.75 Filing Fee & Certificate of Status ☒ \$43.75 Filing Fee & Certified Copy (Additional copy is enclosed) ☐ \$52.50 Filing Fee, Certificate of Status & Certified Copy (Additional copy is enclosed)

MAILING ADDRESS:

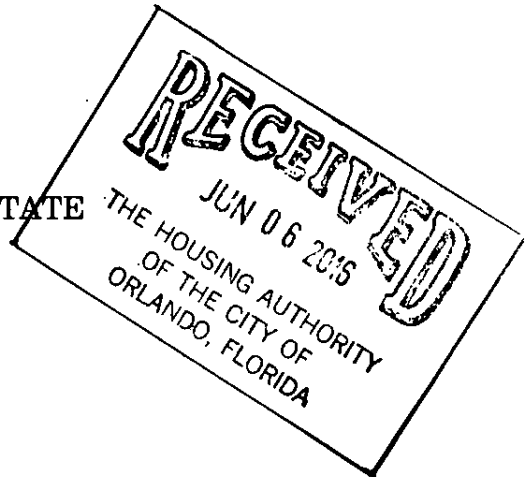
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET ADDRESS:

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301



FLORIDA DEPARTMENT OF STATE
Division of Corporations



May 31, 2016

VIVIAN BRYANT, ESQ.
ORLANDO HOUSING AUTHORITY
390 N. BUMBY AVE.
ORLANDO, FL 32803

SUBJECT: THE CITRUS SQUARE APARTMENTS RESIDENT ASSOCIATION
INCORPORATED
Ref. Number: N02000003253

We have received your document for THE CITRUS SQUARE APARTMENTS
RESIDENT ASSOCIATION INCORPORATED and your check(s) totaling
\$262.50. However, the enclosed document has not been filed and is being
returned for the following correction(s):

The current name of the entity is as referenced above. Please correct your
document accordingly.

Please complete only 1(one) section

Please return your document, along with a copy of this letter, within 60 days or
your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call
(850) 245-6050.

Irene Albritton
Regulatory Specialist II

Letter Number: 816A00011360

16 JUN 29 PM 12:51

RECEIVED
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

ARTICLES OF DISSOLUTION

Pursuant to section 617.1403, Florida Statutes, this Florida not for profit corporation submits the following Articles of Dissolution:

FIRST: The name of the corporation as currently filed with the Florida Department of State:

The CITRUS SQUARE RESIDENT ASSOCIATION INCORPORATED

SECOND: The document number of the corporation (if known): N02000003253

THIRD: Adoption of Dissolution
(COMPLETE SECTION I OR II)

SECTION I

If the corporation has members entitled to vote:

(CHECK/COMPLETE ONE)

☒ The date of meeting of members at which the resolution to dissolve was adopted
MAY 5, 2016. The number of votes cast by the members was sufficient for
approval.

☐ The resolution was adopted by written consent of the members and executed in accordance with
section 617.0701, Florida Statutes.

SECTION II

If the corporation has no members or members entitled to vote on the dissolution:

The corporation has no members or members entitled to vote on the dissolution.

The date of adoption of the resolution by the board of directors was _____.

The number of directors in office was _____ and the vote for resolution was _____ for
and _____ against. (Must be a majority vote)

FOURTH Effective date of dissolution, if applicable: _____
(no more than 90 days after dissolution file date)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not
be listed as the document's effective date on the Department of State's records.

Signature: Vicky Harden

(By the chairman or vice chairman of the board, president or other officer- if directors have not been selected, by an
incorporator- if in the hands of a receiver, trustee, or other court appointed fiduciary, by that fiduciary)

VICKY HARDEN

(Typed or printed name of person signing)

PRESIDENT

(Title of person signing)

Filing Fee: \$35

FILED
2016 JUN 29 PM 2:59
SECRETARY OF STATE
TALLAHASSEE FLORIDA

Notice of Corporate Dissolution

This notice is submitted by the dissolved corporation named below for resolution of payment of unknown claims against this corporation as provided in s. 617.1407, F.S.

This "Notice of Corporate Dissolution" is optional and is not required when filing a voluntary dissolution.

Name of Corporation: The CITRUS SQUARE RESIDENT ASSOCIATION INCORPORATED

Date of dissolution will be the date the dissolution is filed with the Department of State or as specified in the Articles of Dissolution.

Description of information that must be included in a claim:

ON MAY 5, 2016 MEETING CALLED TO ORDER BY RESIDENT PRESIDENT VICKY HARDEN AT 1:00 P.M.

DISCUSS & VOTE: DISSOLVE RESIDENT ASSOCIATION INCORPORATION

RESIDENT ASSOCIATION BOARD VOTED UNANIMOUSLY (4) TO DISSOLVE INCORPORATION

MEETING ADJOURNED BY CITRUS SQUARE RESIDENT ASSOCIATION INC. PRESIDENT VICKY HARDEN

AT 2:00 P.M.

Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations)

ORLANDO HOUSING AUTHORITY

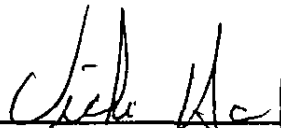
390 N. BUMBY AVE

ORLANDO FLORIDA 32803

A claim against the above named corporation will be barred unless a proceeding to enforce the claim is commenced within 4 years after the filing of this notice.

VICKY HARDEN RESIDENT ASSOCIATION PRESIDENT

Printed Name of the Person Filing



Signature of the Person Filing

Fee: No charge if included with Articles of Dissolution. If filed separately \$35.00